

Full name: \_\_\_\_\_ Date of birth (M/d/y): \_\_\_\_\_

Age (as of March 17, 2018): \_\_\_\_\_ Dojo: \_\_\_\_\_ Rank: \_\_\_\_\_ Gender: \_\_\_\_\_

Upon the acceptance of my application for participation in the 30<sup>th</sup> annual JKA Montreal karate tournament to be held on March 17, 2018, I hereby assure that:

1. I am physically, mentally, and emotionally fit to participate in a karate competition and training and I have prepared for my events.
2. I will abide by the tournament rules and make every effort to exercise good sportsmanship.
3. I will respect the decisions of the judges, even if I, or my family member, do not win.
4. I hereby release, and hold harmless Melarie Taylor, Shidokan International, the CSU JKA karate team, the judges, contestants and all individuals and groups in any way associated with the tournament from any and all responsibility resulting from any injury or disability I may sustain while participating in this event whether caused by the negligence of the releasee or otherwise.

There is a risk of injury from the activities involved in this program. I freely assume all risks and acknowledge full responsibility for my participation. I willingly agree to comply with the stated terms and conditions for participation.

My signature below confirms to all who may be concerned that I have carefully read the above and understand and agree to all the conditions set forth therein.

PARTICIPANT'S NAME (in print letters):      SIGNATURE:  
\_\_\_\_\_

WITNESS: \_\_\_\_\_ Date signed (M/d/y): \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 ON MARCH 17),  
A PARENT/GUARDIAN SHOULD ALSO FILL OUT THE SECTION BELOW:**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PARENT'S NAME:                      PARENT'S SIGNATURE:                      Emergency phone number:  
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